

ORIGINAL

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

Docket No. _____
ICC Office Use Only

INETWORKS Group, Inc.

Application for a certificate of (local and/or
Interexchange) authority to operate as a reseller
of telecommunications services throughout the
State of Illinois.

08 0394

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 61-1403061

iNETWORKS Group, Inc.

Address: 125 S. Wacker, Suite 2510

City: Chicago State/Zip: IL 60606

2. Authority Requested: (Mark all that apply) _____ 13-403 Facilities Based Interexchange

_____ X 13-404 Resale of Local and/or Interexchange

_____ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

_____ X Part 710 Uniform System of Accounts for Telecommunications Carriers

_____ X Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone Directories for Local
Exchange Telecommunications Carriers in the State of Illinois

_____ X Section 735.180 Directories

_____ Other

Applicant is requesting the above waivers with the understanding that Applicant will maintain its accounting records according to GAAP in a level of detail similar to the accounting system which it currently uses and in sufficient detail to comply with all applicable tax laws. The granting of the requested waivers would be consistent with the Commission's orders in other proceedings and the purpose and underlying policy of the Act.

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

Not Applicable

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document

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- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Statewide.

6. Please attach a sheet designating contact persons to work with Staff on the following:

See attached Exhibit A.

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

☐ Individual

☒ Corporation

☐ Partnership

Date corporation was formed: 01/16/2002

In what state? Illinois

☐ Other (Specify)

7. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

See attached Exhibit B.

9. List jurisdictions in which Applicant is offering service(s).

Statewide

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES X NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? X YES _____ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

See attached Exhibit C.

15. List officers of Applicant.

David J. Smat, President and Treasurer

Raymond L. Cowley, Vice President and Secretary

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _____ YES X NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill the customer on a monthly basis by written statement. The bill will meet all truth in billing requirements. Each service will be identified as its own line item as will every applicable tax, surcharge, and fee.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Customers can contact customer service by using a toll free number. All complaints will be handled promptly by the customer service department. If unable to reach a resolution, complaints will escalate to David Smat. If the company and the customer cannot then resolve the issue, the customer will be informed in writing within 48 hours of the determination of non-resolution of their right to seek assistance from the Illinois Commerce Commission.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES _____ NO

20. What telephone number(s) would a customer use to contact your company?

1-866-363-6387

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

All customers must have a signed LOA in order to obtain our service and all billings will comply with the Truth in Billing rules and regulations.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

Not Applicable

☒ YES ☐ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

See attached Exhibit D.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

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27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).


Private line and Internet service.

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO*

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? X YES NO

Not Applicable.

A handwritten signature in dark ink, appearing to be "D. B. S.", written over a horizontal line.

(Signature of Applicant)

LIST OF EXHIBITS

EXHIBIT A	CONTACT PERSONNEL
EXHIBIT B	ILLINOIS ARTICLES OF INCORPORATION ILLINOIS CERTIFICATE OF GOOD STANDING
EXHIBIT C	BIOGRAPHICAL DATA OF KEY PERSONNEL
EXHIBIT D	2006 AND 2007 FINANCIAL DATA
EXHIBIT D(1)	PUBLIC DISCLOSURE COPY
EXHIBIT D(2)	PROPIETARY AND CONFIDENTIAL COPY
EXHIBIT E	VERIFICATION OATH
EXHIBIT F	PROPOSED TARIFF
EXHIBIT G	PETITION FOR CONFIDENTIAL TREATMENT